

Foster Family Home - Corrective Action Report

Provider ID: 1-170051

Home Name: Angelita Takahashi, CNA

Review ID: 1-170051-3

94-706 Kalae Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 10/16/2019

Foster Family Home

Required Certificate


[11-800-6]


6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 10/14/19.

6.(d)(1)-Home is in compliance with all requirements. Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver


Date


Date